

STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE NEPBA LOCAL 40, 45, 260, 265, 270
POS & HMO PLANS
BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION
EFFECTIVE 01/01/2014

HMO

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$30.00	\$780.00	\$272.88	\$7,094.88	\$7,874.88
HL-2	\$42.00	\$1,092.00	\$563.73	\$14,656.98	\$15,748.98
HL-3	\$52.00	\$1,352.00	\$917.17	\$23,846.42	\$25,198.42

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$30.00	\$780.00	\$331.88	\$8,628.88	\$9,408.88
HL-2	\$42.00	\$1,092.00	\$681.75	\$17,725.50	\$18,817.50
HL-3	\$52.00	\$1,352.00	\$1,106.01	\$28,756.26	\$30,108.26

MONTHLY WORKING RATES

	<u>POS</u>	<u>HMO</u>
HL-1: 1 PERSON	\$ 784.08	\$ 656.24
HL-2: 2 PERSON	\$ 1,568.13	\$ 1,312.41
HL-3: FAMILY	\$ 2,509.03	\$ 2,099.86

POINT OF SERVICE - POS

COMPANY-STATE SHARE (3006)					EMPLOYEE SHARE (3004)			
<u>WEEKLY</u>	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26</u>		<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>	
<u>HRS</u>			<u>PP</u>				<u>26 PP</u>	
<u>RANGE</u>								
FULL TIME	HL	1	\$ 331.88		HL	1	\$30.00	
FULL TIME	HL	2	\$ 681.75		HL	2	\$42.00	
FULL TIME	HL	3	\$ 1,106.01		HL	3	\$52.00	

HEALTH MAINTENANCE ORGANIZATION - HMO

COMPANY - STATE SHARE (3003)					EMPLOYEE SHARE (3001)			
<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26</u>			<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u>	
		<u>PP</u>					<u>26 PP</u>	
HL	1	\$ 272.88			HLTHP	H1040	\$30.00	
HL	2	\$ 563.73			HLTHP	H2040	\$42.00	
HL	3	\$ 917.17			HLTHP	HF040	\$52.00	

